

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	MULTI-SUBSTRATE CIRCUIT ASSEMBLY																					
Application Number :																						
Date :																						
First Named Applicant:	Mr. Todd P. Oman																					
Attorney Docket Number:	DP-311231																					
<b>TOTAL FEE AUTHORIZED \$ 770</b>																						
Patent fees are subject to annual revisions on or about October 1st of each year.																						
Filing as large entity																						
BASIC FILING FEE																						
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770										
Fee Description	Fee Code	Amount \$	Fee Paid \$																			
Utility Filing Fee	1001	770	770																			
Subtotal For Basic Filing Fees: \$ 770																						
EXTRA CLAIM FEES																						
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 20</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 20	0	1202	18	0	Independent Claims : 2	0	1201	86	0	Subtotal For Extra Claims Fees: \$ 0			
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																		
Total Claims : 20	0	1202	18	0																		
Independent Claims : 2	0	1201	86	0																		
Subtotal For Extra Claims Fees: \$ 0																						
<b>AUTHORIZED BILLING INFORMATION</b>																						
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																						
Deposit account number:	080960																					
Access Code	*****																					
Deposit name:	Hartman and Hartman																					
Deposit authorized name:	Domenica N.S. Hartman																					
Signature:	Domenica N.S. Hartman																					
Date (YYYYMMDD):	2004-04-01																					
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																						